

The Missouri Balancing Incentive Payment Program

Application for the State of Missouri

**Missouri Department of Social Services
Missouri Department of Health and Senior Services
Missouri Department of Mental Health**

March 28, 2012

THE MISSOURI BALANCING INCENTIVE PAYMENT PROJECT

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March 28, 2012

Jennifer Burnett
Centers for Medicare and Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The State of Missouri Department of Social Services (DSS), in partnership with the Department of Mental Health (DMH) and the Department of Health and Senior Services (DHSS), is pleased to submit the enclosed Balancing Incentive Payments (BIP) Program application package for consideration. The DSS is the single state Medicaid agency in Missouri and will serve as the lead organization for the BIP Program. DSS is submitting the enclosed application in accordance with Section 10202 of the Patient Protection and Affordable Care Act.

Missouri has a long history of commitment to community based services and supports including the following accomplishments:

- Adding personal care as an optional Medicaid state plan benefit in 1981.
- One of the first states to be approved for a 1915(c) Home and Community Based Services (HCBS) waiver to provide services to the aged and disabled in 1982. Currently Missouri has nine 1915(c) HCBS waivers and is in the process of submitting the tenth waiver to CMS for approval.
- Missouri Care Options (MCO) was implemented in 1992 as a legislative initiative to allow individuals to remain in their homes rather than enter a nursing home and in doing so, moderated growth in nursing home spending while increasing funding for home and community based services.
- Recipient of a five year grant in 2005 from the Centers for Medicare and Medicaid Services (CMS) for a Developmental Disabilities Systems Transformation Initiative to support people with developmental disabilities of any age or payer source to live in their communities through maximized independence, dignity, choice, and flexibility.
- Recipient of a five year grant in 2006 from the Substance Abuse and Mental Health Services Administration (SAMHSA) to create Communities of Hope whereby local communities throughout the state invest in the mental health of their citizens and create an abundance of opportunities to promote community- based positive mental health services.

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- The Division of Developmental Disabilities began incrementally reducing Habilitation Center bed capacity by transitioning individuals to communities. Missouri has reduced the number of individuals in habilitation centers from a high of 1,349 in 1999 to 543 in December 2011.
- Missouri is one of the first states to successfully implement a Money Follows the Person program (MFP) beginning in 2007. Since implementation, a total of 459 participants have transitioned to the community with an additional 87 individuals awaiting transition. Missouri is adding options counseling and transition coordination through the Centers for Independent Living and the Area Agencies on Aging in 2012, as well as working closely with the Aging and Disability Resource Center to develop curriculum for Nursing Home Minimum Data Set (MDS) Section Q training, individual and community education regarding MDS Section Q, and community living options.
- Since October 2010, the Partnership for Hope program provides needed community-based supports and services to individuals with developmental disabilities using local, state, and federal resources. The program will serve an estimated 1,500 individuals by the end of SFY 2012 and anticipates increasing enrollment to 2,500 in SFY 2013 with the Governor's recommended budget. To date, 93 counties and the City of St. Louis are participating in the Partnership for Hope program.

Missouri is confident that participation in BIP will enable us to take the next steps to realize our plans for rebalancing the delivery of long-term services and supports (LTSS). We have a proven history of progress in rebalancing and have established the groundwork for greater success.

Missouri estimates and requests an additional 2% FMAP equaling \$100 million based on projected total community-based LTSS expenditures of \$5 billion from July 1, 2012 through September 30, 2015. The additional funds will support the design and implementation of LTSS enhancements, help in the development of a community infrastructure across Missouri, and strengthen the community-based network of services across the continuum of care and populations.

The contact person for the BIP initiative is Ian McCaslin, M.D., M.P.H., Director-MO HealthNet Division. Please do not hesitate to contact Dr. McCaslin at 573/751-6922.

Sincerely,

/s/

Brian Kinkade
Interim Director

BK:tv

Enclosure

THE MISSOURI BALANCING INCENTIVE PAYMENT PROJECT

Project Abstract and Profile

The Missouri Department of Social Services (DSS), in partnership with the Department of Health and Senior Services (DHSS) and the Department of Mental Health (DMH), proposes to leverage the Balancing Incentive Payment Program to further develop the systems of community-based care that serve older adults and individuals with physical and/or intellectual disabilities. The intent of the Missouri project is to realize the long term goal of increasing the percentage of expenditures for long term supports and services (LTSS) that are provided in community settings to equal or exceed the expenditures for facility-based LTSS.

This goal will be achieved incrementally by the end of the project period through the following actions:

1. Streamline LTSS eligibility and assessment process through a No Wrong Door model, by reviewing current practices and coordinating with other aspects of Missouri's system transformation.
2. Enhance care coordination, through conflict-free case management services, to support community living and reduce admissions and readmissions to long term care facilities.
3. Augment existing home and community based initiatives that assist in transitioning individuals back to the community such as the ongoing Money Follows the Person project and the diversion of individuals from institutional placement through Missouri Show Me Options.
4. Evaluate the feasibility of incorporating a series of basic screening questions as a Level 1 screening tool into a statewide web site that will feed into an electronic database accessible by the entity performing the comprehensive eligibility assessment.
5. Coordinate basic data information exchange among involved entities to avoid duplicative actions.

THE MISSOURI BALANCING INCENTIVE PAYMENT PROJECT

Preliminary Work Plan

Missouri's preliminary work plan is included on the following pages. This work plan identifies due dates for tasks listed, lead staff for each task and the status for each task as of the submission of this application.

As required, a more detailed version of this work plan will be developed in consultation with all key stakeholders and submitted within six months.

CATEGORY	MAJOR OBJECTIVE/INTERIM TASKS	DUE DATE (FROM WORK PLAN SUBMISSION)	LEAD PERSON	STATUS OF TASK	DELIVERABLES
GENERAL NWD/SEP STRUCTURE	ALL INDIVIDUALS RECEIVE STANDARDIZED INFORMATION AND EXPERIENCE THE SAME ELIGIBILITY AND ENROLLMENT PROCESSES. <ul style="list-style-type: none"> DEVELOP STANDARDIZED INFORMATIONAL MATERIALS TRAIN PARTICIPATING STAFF ON ELIGIBILITY DETERMINATION AND ENROLLMENT PROCESSES 	10/1/12 1/1/14	BIP COORDINATOR BIP COORDINATOR	NOT STARTED NOT STARTED	INFORMATIONAL MATERIALS TRAINING MATERIALS/SCHEDULE
WEBSITE	DEVELOP A SERIES OF SCREENING QUESTIONS THAT WILL BE COLLECTED THROUGH THE NWD WEBSITE THAT WILL FEED INTO AN ELECTRONIC DATABASE WHICH CAN BE ACCESSED BY OR TRANSFERRED TO THE ENTITY PERFORMING THE COMPREHENSIVE ELIGIBILITY ASSESSMENT. <ul style="list-style-type: none"> MEET WITH IT DEPARTMENT DESIGN SYSTEM PILOT AND EVALUATE SYSTEM SYSTEM GOES LIVE 	10/1/2012 3/1/2013 1/1/2014 7/1/2014	BIP TEAM BIP TEAM BIP TEAM BIP COORDINATOR	NOT STARTED NOT STARTED NOT STARTED NOT STARTED	SPECIFICATIONS OF SYSTEM SPECIFICATION OF SYSTEM DESCRIPTION OF ROLLOUT MEMO ANNOUNCING SYSTEM
1-800 NUMBER	A SINGLE 1-800 NUMBER WHERE INDIVIDUALS CAN RECEIVE INFORMATION ABOUT LTSS OPTIONS IN THE STATE AND REQUEST ADDITIONAL INFORMATION. <ul style="list-style-type: none"> MEET WITH IT DEPARTMENT HIRE STAFF TO ANSWER THE NUMBER TRAIN STAFF TO ANSWER THE PHONE AND PROVIDE INFORMATION 	1/1/2013 1/1/2013 7/1/2013	BIP COORDINATOR BIP COORDINATOR BIP COORDINATOR	NOT STARTED NOT STARTED NOT STARTED	PROCESS TO OBTAIN NUMBER SPECIFICATION OF JOB TRAINING MATERIALS

CATEGORY	MAJOR OBJECTIVE/INTERIM TASKS	DUE DATE (FROM WORK PLAN SUBMISSION)	LEAD PERSON	STATUS OF TASK	DELIVERABLES
ADVERTISING	DEVELOP A VARIETY OF OUTREACH METHODS TO PUBLICIZE THE NWD/SEP SYSTEM. <ul style="list-style-type: none"> DEVELOP ADVERTISING PLAN IMPLEMENT ADVERTISING PLAN 	1/1/2013 7/1/2013	BIP COORDINATOR BIP COORDINATOR	NOT STARTED NOT STARTED	ADVERTISING PLAN MATERIALS FOR ADVERTISING
CONFLICT-FREE CASE MANAGEMENT	ESTABLISH CONFLICT OF INTEREST STANDARDS FOR THE SCREENING, ASSESSMENT AND CARE PLAN PROCESS. AN INDIVIDUAL'S PLAN OF CARE MUST BE DEVELOPED INDEPENDENTLY FROM THE AVAILABILITY OF FUNDING TO PROVIDE SERVICES. <ul style="list-style-type: none"> DESCRIBE CURRENT CASE MANAGEMENT ESTABLISH PROTOCOL FOR REMOVING CONFLICT OF INTEREST 	10/1/12 7/1/13	BIP COORDINATOR BIP COORDINATOR	NOT STARTED NOT STARTED	DESCRIPTION OF SYSTEM PROTOCOL
DATA COLLECTION AND REPORTING	STATES MUST REPORT SERVICE, OUTCOME, AND QUALITY MEASURE DATA TO CMS IN AN ACCURATE AND TIMELY MANNER. <ul style="list-style-type: none"> IDENTIFY DATA COLLECTION PROTOCOL FOR SERVICE DATA IDENTIFY DATA COLLECTION PROTOCOL FOR QUALITY DATA IDENTIFY DATA COLLECTION PROTOCOL OUTCOME MEASURES 	10/1/12 10/1/12 10/1/12	BIP COORDINATOR BIP COORDINATOR BIP COORDINATOR	NOT STARTED NOT STARTED NOT STARTED	MEASURES, DATA COLLECTION INSTRUMENTS AND PROTOCOL MEASURES, DATA COLLECTION INSTRUMENTS AND PROTOCOL MEASURES, DATA COLLECTION INSTRUMENTS AND PROTOCOL

THE MISSOURI BALANCING INCENTIVE PAYMENT PROJECT

Preliminary Work Plan

Signature of Lead Operating Agency

_____/s/

Name: Ian McCaslin, M.D., M.P.H.
Agency: Missouri Department of Social Services
Position: Director, MO HealthNet Division

Signature of Lead of Oversight Agency (Medicaid)

_____/s/

Name: Brian Kinkade
Agency: Missouri Department of Social Services
Position: Interim Director, Department of Social Services

THE MISSOURI BALANCING INCENTIVE PAYMENT PROGRAM

Letters of Endorsement

Missouri has a history of successful partnerships with a wide array of community partners. The following letters of support from organizations across the community-based care continuum demonstrate the depth and strength of support among this network.

Copies of letters of support from the following organizations are in Appendix A:

- Missouri Department of Health and Senior Services
- Missouri Department of Mental Health
- University of Missouri Institute for Human Development
- Missouri Association of Area Agencies on Aging
- Alzheimer's Association
- Northwest Missouri Area Agency on Aging – Aging and Disability Resource Center
- AARP Missouri
- Missouri Developmental Disabilities Council

THE MISSOURI BALANCING INCENTIVE PAYMENT PROGRAM

Application Narrative

Understanding of Program Objectives

Eligibility

CMS data from FFY2009 indicate 40.7% of individuals in Missouri receiving long-term supportive services (LTSS) are receiving those services in the community.

Commitment to BIP program goals and objectives

The goal of Missouri's BIP proposal is to increase the percentage of Medicaid Home and Community Based Service (HCBS) expenditures compared to institutional expenditures with a goal to at least 50% by no later than October 1, 2015. Over the past decade, Missouri has made significant progress rebalancing its spending toward non-institutional services and will bring that momentum to its use of BIP funds. The BIP team fully understands that BIP is focused on all Medicaid eligible populations needing Medicaid LTSS and that improvement must be targeted to all LTSS systems supporting these individuals.

As the proposal below describes, Missouri brings to BIP many strengths and existing capacities, but also some limitations. The state has considerable buy-in for the BIP program and is ready to develop the required structural reforms. Additionally, the State is committed to ensuring that Medicaid participants needing Medicaid LTSS will receive all the relevant information needed to make appropriate decisions regarding the types of LTSS provided. The state has in place the necessary staff and program locations to institute a NWD/SEP system as outlined by the BIP standards.

Evidence of buy-in and commitment

In December of 2010, Missouri's Department of Health and Senior Services (DHSS) began coordinating with a group of stakeholders regarding BIP. The group includes representatives of HCBS providers, Centers for Independent Living, labor unions representing long-term care workers and advocacy organizations for populations serviced by Medicaid HCBS (e.g., the State Office of the AARP). This stakeholder group is engaged and the meetings have been productive. During meetings the team has shared system redesign principles, documented existing processes in HCBS intake and solicited input on this application. The extensive involvement of this group greatly strengthens Missouri's BIP proposal; letters of support from many of the participating organizations are in Appendix A.

Missouri has broad stakeholder participation on its work on "Money Follows the Person" and other rebalancing initiatives. In these initiatives participants from all affected government

agencies and many non-government entities have been actively involved in a collaborative process to transition people out of institutions.

Current System Strengths and Challenges

In the past decade, Missouri has consistently increased its percentage of Medicaid LTSS spending on HCBS. In 1999, Missouri spent 28.4% of Medicaid LTSS on HCBS (Burwell, CMS 64 data); by 2009 that number had increased to 40.7% (CMS data). Missouri has achieved this steady increase by offering a strong home and community program for older adults and adults with physical disabilities, as well as a range of community based programs for individuals with development disabilities.

Most recently, Missouri has developed a robust “Money Follows the Person”(MFP) program to serve individuals in the most integrated community settings. In 2001 Missouri was one of the first states to submit a proposal for “Money Follows the Person” and one of the first three states to receive approval of operational protocols. Since 2007, the program has transitioned 443 individuals out of institutions to community-based care. 88 individuals have been approved for the program and are pending transition.

Missouri has made significant progress in rebalancing long-term care funds for people with developmental disabilities, allowing more individuals to remain in or return to communities. Each year, Missouri’s Department of Mental Health, Division of Developmental Disabilities serves approximately 30,000 children and adults with intellectual/developmental disabilities (IDD) annually. Over 80% of the Medicaid funding appropriated to the division is spent on home and community-based services. The December 2011 census in the state habilitation centers (intermediate care facilities for people with developmental disabilities) was 543. This is down from 1,046 in 2005 and considerably lower than the typical census of 1,500 in the late 1990’s.

The strengths and challenges in the key areas identified under the BIP are:

1) Information and referral: The access point for information and referrals regarding LTSS in Missouri varies depending upon the needs of the individual and the delivery system providing the information. The DHSS is a critical access point for the aged population and for individuals of all ages with a physical disability. Information and referrals come from Area Agencies on Aging, Centers for Independent Living, hospital discharge planners, and service provider agencies.

The DMH serves as the critical access point for individuals with a developmental or intellectual disability, a mental illness or issues with alcohol or substance abuse. Information and referrals come from local county taxing authorities referred to as Senate Bill 40 boards, Community Mental Health Centers, substance abuse treatment programs, and service provider agencies.

The DSS provides limited information and referral at the time of the Medicaid application through the Family Support Division or through the MO HealthNet Participant Services toll-free phone line.

Because information and referral services can be fragmented in Missouri, a major challenge exists in ensuring that individuals accessing services through one of the delivery systems is aware of all LTSS and can make an informed choice that best meets their needs in the community.

2) No Wrong Door – Single Entry Point (NWD/SEP): Missouri’s current eligibility and assessment system varies with several networks, each targeted towards different populations. No one-stop location exists for consumers and families to access all long term services and supports. Numerous access points exist across Missouri, such as local DHSS staff based in counties throughout the state serving the aged and disabled, DMH regional offices and county-based Senate Bill 40 boards serving individuals with developmental disabilities, HIV and Special Health Care Needs case managers serving medically fragile individuals with HIV or specialized medical needs, and Community Mental Health Center targeted case managers serving the mentally ill.

These entities have the potential to operate directly as a NWD level 1 screening site with referrals to the most appropriate services.

3) Core Standardized Assessment Instruments: No current standardized assessment instrument exists in Missouri. Detailed assessments are conducted for services provided by the evaluating entity; however there is no overall assessment that guides an individual to the most appropriate service package to meet existing needs.

Missouri is committed to creating an initial standardized assessment tool, used across disability populations, for determining eligibility for non-institutionally based long-term services and supports. The initial assessment tool must be used in a uniform manner throughout the State, and to determine a beneficiary's needs for training, support services, medical care, transportation, and other services.

4) Conflict-Free Case Management Services: Service coordination (case management) to develop individual service plans and to arrange for and conduct ongoing monitoring of services is an integral component in all service delivery in Missouri. To avoid any conflict of interest in community based services managed by the DHSS, case management functions are performed by either state staff or contractors who provide no direct services to participants.

“Targeted” case management functions managed by DMH may be provided by a variety of entities: the DMH Regional Offices, county-based Senate Bill 40 Boards, Community Mental Health Centers, or other not-for-profit agencies designated by DMH. Currently safeguards are

in place to ensure the case manager does not restrict an individual's free choice of case manager or service providers because these entities may also provide direct services.

The Balancing Incentive Program is the opportunity to evaluate the existing infrastructure, to establish mechanisms to conduct ongoing monitoring of service delivery, to ensure appropriate utilization of medically necessary services, and provide a method of free choice of qualified providers.

The state will develop safeguards to ensure that service plan development is conducted in the best interests of the participant.

No Wrong Door/Single Entry Point Agency Partners and Roles

The State of Missouri Department of Social Services (DSS) is submitting an application for BIP in partnership with the Department of Mental Health (DMH) and the Department of Health and Senior Services (DHSS). The MO HealthNet Division (MHD) is the State Medicaid Agency, housed within DSS. This agency will be the lead single entry point agency for the BIP initiative. The BIP Coordinator will be housed within MHD, the lead agency. Both DMH and DHSS are the operational agencies for the Medicaid-funded HCBS programs in Missouri that are described below.

The Medicaid agency will draw on other agencies to make sure there is a broad and inclusive no wrong door, single entry point system that is both geographically broad, serving the entire state, and community based, using partners that already exist in the community. The combination of statewide partners will ensure a high percentage of eligible individuals have local and easy access to physical locations where they can receive initial and comprehensive eligibility assessments and determinations for Medicaid-funded LTSS.

Missouri currently has twelve distinct Medicaid-funded HCBS programs, administered across four different Departments or Divisions. Letters of support from Missouri agencies who will be participating in BIP activities can be found in Appendix A. As the core agency overseeing these programs, the MO HealthNet Division designates the following programs.

Program	Target Population	Administrating Agency
Aged and Disabled Waiver	Aged and Physically Disabled, 63 and older	Department of Health and Senior Services, Division of Senior and Disability Services
AIDS Waiver	HIV+, 21 and over	Missouri Department of Health and Senior Services/Division of Community and Public Health

Program	Target Population	Administrating Agency
Medically Fragile Adult Waiver	Serious and Complex Medical Needs, 21 and over	Missouri Department of Health and Senior Services, Division of Community and Public Health
DHSS HCY State Plan Services	Medicaid Eligible, 0-20	Missouri Department of Health and Senior Services, Division of Community and Public Health
Consumer Directed Services (CDS) and Agency Model State Plan Personal Care	Aged and Physically Disabled, 18 and older	Missouri Department of Health and Senior Services, Division of Senior and Disability Services
Independent Living Waiver	Physically Disabled, 18-64.	Missouri Department of Health and Senior Services, Division of Senior and Disability Services
Autism Waiver	Autism Spectrum Disorder, 3-18	Missouri Department of Mental Health, Division of Developmental Disabilities
Partnership for Hope Waiver	Intellectual or Developmental Disability, no age limit. Currently available in 93 counties and the City of St. Louis.	Missouri Department of Mental Health, Division of Developmental Disabilities
Missouri Children with Developmental Disabilities Waiver (aka Lopez Waiver)	Intellectual or Developmental Disability, 0-17. Unable to qualify for MO HealthNet benefits due to parent's income or resources.	Missouri Department of Mental Health, Division of Developmental Disabilities
Division of DD Community Support Waiver	Intellectual or Developmental Disability, no age limit	Missouri Department of Mental Health, Division of Developmental Disabilities
DD Comprehensive Waiver	Intellectual or Developmental Disability, no age limit	Missouri Department of Mental Health, Division of Developmental Disabilities

Coordination will occur with existing initiatives including the additional funding that Missouri applied for and was awarded for the Nursing Home and Diversion grant, funded through MFP, which was included in the Affordable Care Act (ACA). This funding allowed the MFP program to partner with the current Aging and Disability Resource Center (ADRC), known in Missouri as Show Me Options. Show Me Options includes an 18 county region of Northwest Missouri. Through the Nursing Home and Diversion grant the state contracted with University of Missouri Kansas City, Institute for Human Development, to develop curriculum to train nursing facilities on the Minimum Data Set (MDS), Section Q changes that were implemented in October 2010.

Curriculum will also be developed to provide education to nursing facility residents, family members, guardians, public administrators and the judicial system on Section Q and community options. MFP will be contracting with three Centers for Independent Living (CIL) who are part of the ADRC system to carry out the training to nursing facilities, individuals, guardians, public administrators and the judicial system. There are current plans to partner with the IT system being developed by the ADRC to track and share information across CILS and the Area Agency on Aging (AAA) in the region. This data system will allow one agency to share specific information with the other agency on an as needed basis. This system will act as a hub for information to be pushed through so the other agencies can go out and obtain the needed information. Only the information that is required will be shared. This system will allow continuity of care to follow the individual from one agency to another. Once all curriculum and training is piloted in the 18 county region the state hopes to take the program statewide.

MFP, through grant funds, is in the process of contracting with the CILS and AAA to do options counseling and transitioning for individuals who wish to learn more about community options or who want to transition from a nursing facility to a community setting. MFP also works with the Developmental Disability Regional Office staff on transitions from Habilitation Centers to the community.

MFP has developed a MFP web based system that was implemented on January 3, 2012. This system will include options counseling, MFP referrals and quality information for the MFP program. This system will allow the state to gather pertinent data to help move the program forward and to provide information to CMS on the progress of the program. Trainings on the system have been conducted and will continue as the CIL and AAA contracts are awarded.

In Missouri all people meeting the developmental disability diagnostic and functional criteria are eligible for services and everyone receives service coordination. Missouri provides service coordination, also known as Targeted Case Management, as Missouri includes TCM for individuals with intellectual/developmental disabilities as a Medicaid state plan option through 1915(g). Approximately 75-80% of people served by the Missouri Division of Developmental Disabilities are eligible for Medicaid. A key responsibility of service coordination is to help the individuals apply for and maintain Medicaid eligibility.

The Division of Developmental Disabilities is the operational agency for five Home and Community-Based Waivers for individuals with developmental disabilities authorized under 1915(c). The five waivers and current approved capacity for each are:

- DD Comprehensive Waiver (no age limit) Amendment pending with CMS to increase capacity to 8,100.
- Division of DD Community Support Waiver (no age limit). Amendment pending with CMS to increase capacity to 1,417.
- Missouri Children with Developmental Disabilities Waiver (through age 17). Current capacity is 216. This waiver allows a disregard of parental income and resources for Medicaid eligibility.

- Autism Waiver (ages 3-18). Current capacity is 175.
- Partnership for Hope Waiver: (no age limit). Current capacity is 1,770. Available in 93 counties and the City of St. Louis.

Over 70% of Missouri's 114 counties plus the City of St. Louis have adopted a local tax to fund services for people with developmental disabilities. Known as "Senate Bill 40 Boards," these local governmental organizations are vital partners with the state in serving people with developmental disabilities. Senate Bill 40 Boards are able to increase access to services because they provide local funds which are combined with state general revenue to match federal Medicaid funds.

Within the Department of Health and Senior Services, the Division of Community and Public Health (DCPH) is the operational agency for the AIDS Waiver. Clients are informed or referred to the AIDS Waiver in several ways.

- Individuals can locate information on DHSS website (<http://health.mo.gov/living/healthcondiseases/communicable/hiv aids/casemgmt.php>).
- Referrals received from hospital discharge planners, HIV physician specialists, clients and contracted HIV case manager.

AIDS Waiver case managers help locate and coordinate services. The AIDS Waiver case managers also develop a plan of care with input from the client, family, significant other, physician, and home care agencies. The plan of care indicates the type, amount, frequency, and duration of services as well as the provider for the service(s). Each time there is a change in the plan of care the AIDS Waiver case manager calculates the cost effectiveness of the plan and authorizes services for delivery and payment to eligible providers as set forth in the plan of care. Each client receives a monthly home visit by the AIDS Waiver case manager. The purpose of the home visit is to evaluate/assess the client's needs on an ongoing basis to assure that the plan of care (service) is appropriate. Key features of AIDS Waiver case management include:

- Individuals are given the freedom to choose between AIDS Waiver services or nursing home care.
- Individuals are given the freedom to choose an MHD approved agency for service delivery.

Currently, there are 5,000 HIV-infected Missourians enrolled in HIV case management. There are 28 agencies that provide HIV case management services. Each participant has an annual assessment that includes an initial limited functional AIDS Waiver assessment performed by a HIV case manager. Participants who are initially assessed eligible for AIDS Waiver are referred to an AIDS Waiver case manager who may or may not be located in the same agency. AIDS Waiver case managers are located in 10 of the 28 HIV case manager agencies. The AIDS Waiver case manager completes a Level II functional assessment in a face-to-face meeting with the individual.

The Division of Community and Public Health is also the operational agency for the Medically Fragile Adult Waiver (MFAW). Most individuals who are eligible for the Medically Fragile Adult Waiver transition out of the Healthy Children and Youth (HCY) Program at the age of 21. Special Health Care Needs (SHCN) administers case management for both MFAW and HCY; the same SHCN Service Coordinator who worked with the individual prior to the age of 21 in the HCY program, works with the individual after the age of 21 in the MFAW program, providing continuity of care for this medically complex population. In addition, SHCN staff members participate in a variety of statewide community outreach activities to educate the public about the MFAW Program. SHCN staff members conduct trainings for in-home provider agency staff, hospital discharge coordinators and physicians statewide. Furthermore, information regarding MFAW is available on the DHSS website 24 hours a day, 7 days a week. Special Health Care Needs (SHCN) Service Coordinators conduct home visits with HCY participants and begin transition planning at least six months prior to the participant's 21st birthday. Other referrals for MFAW are received from other state programs, self referral and medical professionals. These individuals are pre-screened via phone, and a home visit is conducted if preliminary eligibility criteria are met.

The Division of Senior and Disability Services is the operational agency for the Aged and Disabled Waiver, the Independent Living Waiver, and CDS and agency model personal care State Plan services for older adults and adults with physical disabilities. Case Managers are located throughout the state and conduct functional assessments face to face with participants using the InterRai HC in a web based tool housed within MHD's Cyber Access system.

NWD/SEP Person Flow

Overview

The State recognizes that overcoming the challenges of the current person flow systems requires coordination with other aspects of Missouri's system transformation (e.g., determining the data flow/sharing across department). The BIP team, led by the Missouri Department of Social Services, will continue to identify the specific changes to improve the current system flow. We understand and are committed to the Program's emphasis on consistent intake processes that ensure that consumers are offered all available choices, whether through Medicaid HCBS, other services or some combination of both.

Medicaid eligibility is determined for all individuals by DSS-Family Support Division (FSD). The FSD has locations in every county of the state and applications can be submitted by mail as well. Division of Developmental Disability Service Coordinators assists individuals in applying for and maintaining Medicaid eligibility. DSDS Case Managers, AIDS Waiver case manager and SHCN Service Coordinator's also assist individuals with the application process. Case managers provide applications, direct individuals to local FSD offices, and provide counseling on the types of required financial and medical documentation needed for an eligibility determination.

All programs accept referrals from any source; including family members, hospitals, health care providers, schools, or any individual or organization who becomes aware of an individual with a developmental disability, physical disability, older adult or AIDS.

Characteristics of NWD/SEP system

A case manager determines service eligibility for each participant. Once service eligibility is determined, the individual is assigned a local service coordinator or service provider who facilitates access to supports and services, including waiver services.

Missouri's system of supports and services for individuals with developmental disabilities is currently accessed through DMH Regional Offices located throughout the state. Referrals are accepted from any source; including family members, hospitals, health care providers, schools, or any individual or organization who becomes aware of an individual with an intellectual/developmental disability. These sites will be key partners in the BIP initiative.

DMH Regional Offices make personal contact with the individual and/or their family including a home visit to complete an application. No one is required to travel to the DMH Regional Office in order to receive services. During this initial visit with the participant or family, the information flow in the process is two ways - the system gets information from individuals and individuals can easily find out eligibility status and next steps.

The NWD/SEP will improve access to supports and services for people with IDD and enhance the coordination that already takes place at the local level among state and local agencies responsible for Medicaid eligibility, for state plan HCBS, and other supports and services.

The AIDS waiver provides a statewide system of HIV case management through 28 different agencies located throughout the state. HIV-infected Missourians, hospitals, and health care providers make referrals to HIV case managers. HIV case managers are located across the state in 28 different community based organizations, AIDS Service organizations, some local public health agencies and a few clinics that provide HIV medical care. HIV case managers provide information, counseling, and assistance in locating, coordinating services, and referring for HIV-infected Missouri residents. HIV case managers can assist individuals in locating the FSD office, provide an application, and counsel on the Medicaid application process and the required documentation. In addition, HIV case managers obtain detailed client information from HIV-infected Missourians, initially assess for AIDS Waiver services, and make referrals for a Level II AIDS Waiver assessment. In-depth functional assessments are completed by AIDS Waiver case managers of Medicaid eligible HIV-infected individuals.

MFAW identifies needs by community medical points of service by completing an initial screening. Once the initial screening is complete a referral is made to a point of service contact (SHCN). If the eligibility criteria are met a home visit is scheduled and a comprehensive assessment is completed by a Registered Nurse.

DSDS utilizes the InterRai HC in a web based tool housed within MHD's Cyber Access system. All participants are assessed and their care plans and reassessments are completed in this web tool. DSDS case managers conduct these assessments face to face and travel to the client.

Coordinating functional and financial eligibility

Missouri currently has twelve distinct Medicaid-funded HCBS programs, administered across four different Departments or Divisions.

We have examined the intake processes for each program, identifying strengths and challenges in how they are compliant with BIP. In addition, we have developed a model BIP 'person flow' diagram for comparison purposes, included as Appendix B.

The state recognizes that overcoming the challenges of the current person flow systems requires coordination with other aspects of Missouri's system transformation (such as determining the data flow/sharing across departments). While we look forward to working on identifying the specific changes to improve the current system flow, we understand and are committed to the Program's emphasis on consistent intake processes that ensure that consumers are offered all available choices, whether through Medicaid HCBS, other services or some combination of both.

NWD/SEP Data Flow

Core Standardized Assessment

Missouri currently uses different assessment instruments for different populations. All level of care instruments that Missouri uses are based on the instrument used to assess institutional level of care. However, each of the instruments has additional information specific to the population of each program. All of these instruments cover the domains noted in the BIP manual. Although population groups are assessed differently, personnel always strive to make the experience of evaluation uniform for everyone, regardless of where the assessment is done or who is conducting it.

Missouri does not currently employ a Level 1 screen, as noted above, but will evaluate the feasibility of employing that type of system. The BIP team very much understands the importance of consumers seeking service not having to repeatedly provide basic information. Therefore, Missouri will develop a series of screening questions that will be collected through the NWD website that will feed into an electronic database which can be accessed by or transferred to the entity performing the comprehensive eligibility assessment.

Missouri will also need to evaluate, refine and expand existing information technology systems and, if necessary, develop new systems to allow all NWD assessment entities to fully exchange eligibility determination information with the Family Support Division, and for the Family Support Division to keep the NWD entity, as well as the Medicaid applicant, apprised of the status of an application. The BIP team understands the goal is to have strong case management

tools and other electronic information interchanges that will make the system more efficient and effective. Moreover, Missouri will evaluate, on an ongoing basis, changes that are expected to improve those systems.

Information Exchange

The Family Support Division uses the FAMIS system to collect and assess the financial eligibility for Medicaid services. The Division of Developmental Disabilities, DSDS and DCPH all have access to FAMIS to confirm Medicaid eligibility. Medicaid eligibility information is transferred from FAMIS to the state's Medicaid Management Information System (MMIS) daily. All billing for HCBS services is run through the MMIS system.

The Department of Mental Health operates a comprehensive information system called Client Information Management Outcomes and Reporting (CIMOR). CIMOR has a direct interface with the state's MMIS system. On a daily basis, Medicaid eligibility information is transferred from the state MMIS system to CIMOR. All Medicaid claims for services administered by the Department of Mental Health are submitted to and pre-adjudicated through CIMOR. CIMOR checks to ensure the client is authorized for services through the Missouri state public mental health system including Targeted Case Management, all developmental disability waivers, inpatient psychiatric services, community psychiatric rehabilitation, and substance abuse treatment. CIMOR then submits claims to MMIS for final adjudication.

The Department of Mental Health is currently making enhancements to the CIMOR system. Specifically, the team is working to add Level of Care assessments for people served by the Division of Developmental Disabilities who are eligible for waivers to CIMOR.

AIDS Waiver staff use the data system, SCOUT, to record functional eligibility. Staff is working on a project to extract selected financial eligibility information from FAMIS and transfer the data into SCOUT.

The MOHSAIC system is utilized for the MFAW Program; MOHSAIC is linked to the MMIS system.

DSDS utilizes the InterRai HC in a web based tool within MHD's Cyber Access system. All participants are assessed and their care plans and reassessments are completed in this web tool. DSDS is able to review authorizations in CIMOR to see what HCBS services participants are approved for and Division of Developmental Disability staff is able to review the web tool for the same purpose. The web tool receives Medicaid eligibility information on a daily basis from the state's MMIS system and submits prior authorization for services under the Aged and Disabled Waiver, the Independent Living Waiver, and CDS and agency model personal care.

Data Collection and Reporting Requirements

The data required for this reporting that Missouri already does positions the team to satisfy the CMS reporting benchmarks identified in the BIP manual.

The Division of Developmental Disabilities collects data on 36 performance measures and reports to MO HealthNet on a quarterly basis. The Division of Developmental Disabilities also participates in the National Core Indicators, a collaborative effort between the National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute. The goal of the program is to encourage and support the National Association of State Directors of Developmental Disabilities Services member agencies to develop a standard set of performance measures that could be used by states to manage quality and across states for making comparisons and setting benchmarks.

The AIDS Waiver provides the MO HealthNet Division service data reports on an annual basis. These reports list the AIDS Waiver authorized services and used services on a per beneficiary basis. Quarterly reports are also completed on core quality measures and twenty outcome measures. The data is linked to population specific outcome measures, experience with providers, satisfaction and achieving desired outcomes.

The MFAW collects service data, quality data and outcome measures. Quarterly record reviews are completed and 100% of the records are reviewed annually. Reports are submitted to MO HealthNet Division on eighteen performance measures on 100% of enrolled participants annually. Compliance and deficiencies are reported to the Mo HealthNet Division on a quarterly basis.

DSDS collects data on performance measures and reports to MO HealthNet. A statistically valid random sample of records is reviewed annually. Compliance and deficiencies are reported to the MO HealthNet Division on an annual basis.

Potential Automation of Initial Assessment

As stated above, Missouri will standardize and automate the initial intake assessment process across all NWD entities so that participants will not be asked to continually repeat certain information. We will evaluate the feasibility of incorporating this Level 1 screen into a statewide web site, but are not sure at this time whether we will adopt an official Level 1 screen, make it available on the web site, or have it administered through an additional entity staffing the toll-free line. We agree with the concept of an initial screen, but are in the process of determining how we would implement such a screen and how widely available such a screen needs to be.

Potential Automation of Core Standardized Assessment (CSA)

All assessments are completed face to face. As noted above, core standardized assessment instruments are tailored to the needs of specific populations.

The Department of Mental Health is currently making enhancements to the CIMOR system to automate Level of Care assessments for people served by the Division of Developmental Disabilities who are eligible for 1915(c) HCBS waivers.

The AIDS waiver and the MFAW waiver both utilize a paper assessment.

DSDS utilizes the InterRai HC in a web based tool within MHD's Cyber Access system. All participants are assessed and their care plans and reassessments are completed in this web tool.

Incorporation of a CSA in the Eligibility Determination Process

As noted above, Missouri has core standardized assessment instruments that are tailored to assessing the needs of specific populations.

- The Aged and Disabled Waiver (for adults with LTSS needs age 63 years and older) and the Independent Living Waiver (for individuals with physical disabilities ages 18 through 64) both use the same core standardized assessment instrument and have the same institutional level of care criteria to determine functional eligibility. The AIDS Waiver covering individuals with HIV 21 years of age and older also uses the same core standardized assessment instrument but asks additional questions specific to the needs of this covered population.
- The Medically Fragile Adult Waiver (for adults with serious and complex medical needs age 21 and over), the Autism Waiver (for individuals with autism spectrum disorder ages 3-18), the Partnership for Hope Waiver (for individuals with an intellectual or developmental disability of all ages), the Missouri Children with Developmental Disabilities Waiver (for children an intellectual or developmental disability age birth through 17), and the Division of DD Community Support and DD Comprehensive Waivers (for individuals with an intellectual or developmental disability with no age limit) all use the same core standardized assessment instrument with additional questions specific to the needs of the covered population to determine functional eligibility.
- The Medicaid State Plan personal care services, both CDS and agency model, use the Inter Rai standardized assessment instrument to determine need for these services.

Missouri does not anticipate the necessity of changing its current core standardized assessment instruments, but will evaluate the data collected to ensure it complies with the BIP requirements. The existing instruments already collect detailed information in each of the domains outlined in the BIP Manual. Missouri will also, as stated above, review its eligibility

determination processes to ensure that completed assessments are immediately available to the Family Support Division.

Staff Qualifications and Training

Through prior projects, Missouri has developed stable, consistent operational components in most functional assessment processes. Missouri has well trained assessment staff in place and will use those personnel to perform CSA in the BIP project.

This year Missouri contracted with a private vendor to provide functional assessments for Medicaid State Plan personal care services. That contract was terminated in September and the State resumed performing the assessment and determination process with its own employees. Since that time, the state has invested considerable time and effort in rebuilding the assessment and care planning system. The state has considerable resources to training this workforce. The resulting assessment system is well trained and effective, and the state will continue trainings and updates to maintain the quality of this workforce.

The BIP team is aware of the potential conflict of interests that lie with eligibility assessments and will take the necessary steps to make sure conflict free case management services exist at all times. Currently, qualified professionals employed by county-based SB 40 Boards perform functional eligibility assessments for the Division of DD Community Support, Partnership for Hope, and DD Comprehensive Waivers. These entities have state legislative authority to operate sheltered workshops, residential facilities or related services for individuals with developmental disabilities. Missouri counties and the City of St. Louis have the authority to assess levies to support SB 40 Board operations.

Missouri will evaluate whether providing these services conflicts with the independence required ensuring consumer choice when SB 40 employees perform a functional eligibility assessment. Missouri will ensure the required changes are made to ensure consumer choices of available services and providers. We understand that if different employees need to be hired to perform these assessments, there likely will be a need for additional training.

Location of SEP Agencies

Missouri has in place a statewide network of physical locations that can serve as SEP agencies. Missouri believes that it already has the state covered because case managers for each of the programs conduct assessments in person so that the clients do not have to travel. A map with the locations of the various SEP agencies can be found in Appendix C.

Outreach and Advertising

Missouri will use a variety of outreach methods to publicize the NWD/SEP system. The Work Plan will provide details on each of these communication techniques. For example, the team

will make existing governmental web sites prominently display a link to the dedicated LTSS information and assistance web site. The team will also require every designated SEP agency to maintain a prominent display regarding the NWD/SEP and a link to the LTSS web site and toll-free number.

Missouri will also develop printed materials for distribution and explore “giveaways” such as pens, notepads and refrigerator magnets. All promotional materials will advertise the web site and toll-free number.

Funding Plan

Missouri understands financial investments will be necessary to meet the mandatory requirements of BIP. For example, the state will need to develop a statewide web site with the potential to offer a Level 1 screen and feed basic information about consumers to an electronic database that is accessible by relevant LTSS entities. In addition, a toll-free number information system would need to be developed for those without internet access or who desire “live” telephone assistance. A marketing and advertising plan would also be developed to inform consumers of this single entry process to receiving LTSS.

Missouri will explore various federal funding opportunities to both implement and maintain these systems once the BIP grant funds expire. As a current grantee of the Money Follows the Person, the BIP team is exploring the feasibility of using money from the State’s Money Follows the Person Rebalancing Fund. Missouri will also evaluate funding opportunities through the Administration on Aging to assist with the general implementation of a single entry process, including opportunities to further Missouri’s ADRC grant award. Additional funding will be required to assist in the design, development, and implementation of improvements to eligibility determination, enrollment, core assessment data collection, and data sharing facilitation. The state will explore the feasibility of using enhanced federal matching funds to meet these infrastructure goals.

Challenges

Like all states, Missouri faces significant challenges with providing adequate and easily accessible care to all participants who need it, using a smooth eligibility, referral and service process. BIP will allow Missouri to intensify its efforts in this area, specifically to increase the awareness and access to LTSS services. Some challenges will remain. Publicity and marketing is key, because a primary challenge is making sure that individuals and their families seeking LTSS for the first time know where to go for information. Individuals who are left looking for help after an acute care episode are most confused and in need of immediate assistance and counseling. The state recognizes the needs of this population and will place an emphasis on wide marketing to make the NWD/SEP system as easy to find and accessible as possible. Some challenges that remain will affect the rebalancing effort, but are largely outside the control of the BIP effort. For example, some communities do not have enough services available to truly meet the need for all populations of people with disabilities. Accessible,

affordable housing is also a challenge in most areas of the State. The needs in Missouri are not unlike what other states with constrained budgets face, and the best strategy is to use funding like that from BIP to improve referral and case management services to make sure clients make the most of what is available.

NWD/SEP's Effect on Rebalancing

Because Missouri's current rebalancing trajectory puts the state on pace to meet the technical requirements of the 50% spending threshold by the end of the program period, this BIP proposal requests a 2% funding bump. However, because Missouri has considerable traction in rebalancing efforts already, the state's goals are even higher than the 50% threshold. The Missouri team sees BIP as an opportunity to further commit to the LTSS transformation already underway to affect the state's rebalancing. Specifically, BIP will allow Missouri to further develop a system that treats all Missourians seeking LTSS the same way and provides the information and supports they need to choose the right services. These goals and objectives, which Missouri has adopted already, will be rolled into the BIP effort and therefore continue to guide rebalancing efforts.

Ensure that all Medicaid enrollees know about HCBS care choices:

- Provide comprehensive, understandable information and counseling to individuals needing LTSS about participant-directed options at the earliest opportunities; and
- Establish goals and accountability for increasing the number of individuals using participant direction, the number of services they choose to direct, and the number of people transitioned from institutions to the community.

Facilitate hiring and managing service providers:

- Develop an internet-based system of available service providers by geographic region; and
- Encourage service providers to answer specific questions about the type of services they provide, their qualifications and experience, and the times and locations they are willing to provide the services to facilitate the hiring process.

Other Balancing Initiatives

Since the 1999 Olmstead decision, Missouri has become one of twelve states recognized as making the most progress in re-balancing.

There are a number of important policy decisions in the last decade that have made Missouri one of the top states for progress in rebalancing.

- In 2000, Governor Mel Carnahan established an Olmstead Commission and signed Missouri's "Olmstead language" in HB1111. This legislation established that people with disabilities who are Medicaid eligible and nursing home eligible can choose to receive

their services in the community using the best option that meets their need, including Consumer-Directed Services.

- The Department of Mental Health has focused on transition planning from habilitation centers to the community and implemented a policy of no new admissions to the large state-run institutions, except as needed for temporary emergency services.
- The Department of Health and Senior Services has greatly expanded the Money Follows the Person project which transitions people out of institutions and nursing homes.

Technical Assistance

The BIP team may need technical assistance in exploring the feasibility of using money from the State's Money Follows the Person Rebalancing Fund. Also, if the state adopts a Level 1 screen for the eligibility determination process, the BIP team will likely use Money Follows the Person rebalancing funds for developing that product and process.

THE MISSOURI BALANCING INCENTIVE PAYMENT PROJECT

Proposed Budget

Missouri estimates and requests that it receive \$100 Million based on total community-based LTSS expenditures of \$5 billion from July 1, 2012 through September 30, 2015. The “Balancing Incentive Payments Program Applicant Funding Estimates” form is included as Appendix D. The BIP team will provide a more detailed work plan for Missouri over the next six months, but has already identified the following funding areas that will assist the state in increasing its ratio of community-based LTSS expenditures over institutional expenditures to at least 50% by October 1, 2015:

- Establish a No Wong Door/Single Entry Point system
- Develop a statewide website with the following features:
 - Public facing portal for consumers seeking LTSS
 - Potential to include a Level 1 screen and options counseling
 - Information and referral to available service providers in a specified geographic region
 - Provider details regarding the type of services provided, location, hours, qualifications and experiences, etc.
 - Ability to collect basic information to an electronic database that can be accessed by relevant LTSS entities
 - Potential to interface with the state’s Medicaid eligibility system
- Identify a BIP Coordinator to facilitate the structural improvements and communication among the various departments and divisions
- Develop a 1-800 number for consumers to receive information about LTSS options in the state and request additional information
- Market and advertise the website and 1-800 number
- Review existing electronic data systems that will allow for speedy data exchange between entities

Because Missouri believes that these enhancements will result in a shift of some utilization from institutional to community-based LTSS, the BIP team will propose to increase the proportion of long-term care spending in FY13-FY15 to the various Missouri programs that provide LTSS in the community.

THE MISSOURI BALANCING INCENTIVE PAYMENT PROGRAM

Appendix A - Letters of Support

Missouri has a history of successful partnerships with a wide array of community partners. The following letters of support from organizations across the community-based care continuum demonstrate the depth and strength of support among this network.

Copies of letters of support from the following organizations are included herein:

- Missouri Department of Health and Senior Services
- Missouri Department of Mental Health
- University of Missouri Institute for Human Development
- Missouri Association of Area Agencies on Aging
- Alzheimer's Association
- Northwest Missouri Area Agency on Aging – Aging and Disability Resource Center
- AARP Missouri
- Missouri Developmental Disabilities Council



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Margaret T. Donnelly
Director



Jeremiah W. (Jay) Nixon
Governor

March 5, 2012

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

This letter is written in support of the Missouri Department of Social Services' (DSS) application for the Balancing Incentives Program. This project will be the catalyst to increase the level of funding available for home and community-based services to exceed 50% of the total spent on all long-term care services in Missouri. Over the past decade, Missouri has made significant progress rebalancing its LTSS spending and will bring that momentum to its use of BIP funds.

Because Missouri has considerable traction in rebalancing efforts already, the state's goals are even higher than the 50% threshold. Missouri sees BIP as an opportunity to further commit to the LTSS transformation already underway. Specifically, BIP will allow Missouri to further develop a system that treats all Missourians seeking LTSS equally through providing the information and supports they need to choose the right services. These goals and objectives, which Missouri has previously adopted, will be rolled into the BIP effort and therefore continue to guide rebalancing efforts.

On behalf of the Department of Health and Senior Services, I am committed to collaborating with DSS and the Department of Mental Health on this important initiative to continue the progress towards increasing access to Missouri's HCBS system.

Sincerely,

/s/

Margaret T. Donnelly
Director

JEREMIAH W. (JAY) NIXON
GOVERNOR

KEITH SCHAFER, Ed.D.
DIRECTOR



MENTAL HEALTH COMMISSION

JOANN LEYKAM
CHAIRPERSON
KATHY CARTER
SECRETARY
DENNIS TESREAU
NEVA THURSTON
DAVID L. VLACH, M.D.
STEVE ROLING

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

1706 EAST ELM STREET
P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102
(573) 751-4122
(573) 751-8224 FAX
www.dmh.mo.gov

January 26, 2012

Brian Kinkade, Interim Director
Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, MO 65102-1527

Dear Brian:

I am pleased to support the state's proposal to the Centers for Medicare and Medicaid Services for the *Balancing Incentives Program* and the goal to increase the level of funding available for home and community-based services to exceed 50% of the total spent on all long-term care services in Missouri. Missouri has been a national leader in making home and community-based services more widely accessible to people who are aged and those with disabilities, and was one of the first states to gain approval from the Centers for Medicare and Medicaid Services on our Money Follows the Person program in 2007.

The Department of Mental Health has been a strong collaborator on a wide range of health care initiatives in Missouri and was instrumental in the development of the first state plan amendment for health homes in the nation to be approved by CMS.

The Division of Developmental Disabilities (DO) has made significant progress to rebalance funding for people with developmental disabilities and currently spends over 80% of our Medicaid DO service appropriation on home and community-based services and supports. Census in the state habilitation centers has steadily declined in the past several decades and as of December 2011, only 543 people remained on-campus at state habilitation centers, down from 1,106 in 2005. The Division of DO operates five of Missouri's nine currently active HCBS waivers and the Department of Mental Health is developing a 1915(i) state plan option for people experiencing mental illness.

On behalf of the Department of Mental Health, I look forward to collaborating with the Departments of Social Services, and Health and Senior Services on this important initiative to continue the progress toward increasing accessibility Missouri's HCBS system.

Sincerely
/s/
Keith Schafer, Ed.D.
Director



Institute for Human Development
A University Center for Excellence in Developmental Disabilities
(UCEDD)

March 7, 2012

Dr. Ian McCaslin, MD, MPH
Director, Missouri MO Health Net Division
615 Howerton Court
P.O. Box 6500
Jefferson City, MO 65102-6500

Dear Dr. McCaslin:

I am pleased to support the State of Missouri's (State) proposal to the Centers for Medicare and Medicaid Services (CMS) for the Balancing Incentives Program with the goal of increasing the level of funding available for home and community-based services by more than 50% of the total spent on all long-term care services in Missouri. Missouri has been a national leader in making home and community-based services more widely accessible to people who are aged and those with disabilities, and was one of the first states to gain approval from the Centers for Medicare and Medicaid Services on our Money Follows the Person program in 2007.

The Institute for Human Development at the University of Missouri – Kansas City (IHD) has enjoyed a productive partnership with the Missouri Departments of Social Services, Health and Senior Services, and Mental Health for many years. For example, a number of years ago we assisted the State in developing the Money Follows the Person program and have been ongoing partner in its implementation and evaluation. In addition, IHD is working closely with the Missouri Division of Senior and Disability Services to design and implement Missouri's first Aging and Disability Resource Center and related hospital discharge planning model, which aims to increase the number of adults with disabilities and older adults living in their communities by improving access to home and community-based services. We have also been engaged in other CMS funded initiatives designed to transform and improve community systems of support in Missouri. Our work together is based on our shared belief in the importance of providing Missourians with quality home and community-based services as a better alternative to institutionally-based approaches.

We are in support of this proposal and IHD will work collaboratively with the State in any way possible to continue to improve access to home-and-community-based services and supports for all Missourians.

Sincerely,

Thanks,

/s/

Carl F. Calkins, Ph.D.
Director, UMKC Institute for Human Development
Professor of Psychology



P.O. Box 104296
Jefferson City, MO 65110

March 9, 2012

Brian Kinkade, Interim Director
Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Mo 65102-1527

Dear Mr. Kinkade:

On behalf of the Missouri Association of Area Agencies on Aging (ma4), I am pleased to write in support of the State's proposal to the Centers for Medicare and Medicaid Services for the Balancing Incentives Program. MA4 supports the goal to increase the level of funding available for home and community-based services to exceed 50% of the total spent on all long-term care services in Missouri. Missouri has been a national leader in making home and community-based services more widely accessible to people who are aged and those with disabilities, and was one of the first states to gain approval from the Centers for Medicare and Medicaid Services on our Money Follows the Person program in 2007.

The Area Agencies on Aging which comprise ma4 represent the front line in providing vital services, programs and information to Missouri seniors and their caregivers, including home-delivered meals, disease prevention, transportation, public benefits counseling (like Medicare), and in-home services. We believe that the Department's proposal holds much promise for continuing the State's efforts to rebalance the long-term care system of services and supports. By implementing a "no wrong door" approach, the Department will not only increase the use of community-based services, but will also increase consumer and family satisfaction across all populations served by the long term care system of supports.

On behalf of ma4, I look forward to working with you to achieve the goals of this project.

Sincerely,
/s/
Catherine R. Edwards, PhD
Executive Director

Service. Information. Advocacy

MISSOURI CHAPTERS

March 8, 2012

St. Louis Chapter

www.alz.org/stl
9370 Olive Blvd.
St. Louis, MO 63132
314.432.3422 * 800.272.3900
314.432.3824 fax

Brian Kinkade, Interim Director
Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Mo 65102-1527

Mid-Missouri Chapter

www.alz.org/mid-missouri
2400 Bluff Creek Drive
Columbia, MO 65201
573.443.8665 * 800.272.3900
573.499.9701 fax

Dear Brian:

Southwest Missouri Chapter

www.alz.org/swmo
1630 W. Elfindale
Springfield, MO 65807
800.272.3900
417.886.0337 fax

I am pleased to support the state's proposal to the Centers for Medicare and Medicaid Services for the Balancing Incentives Program and the goal to increase the level of funding available for home and community-based services to exceed 50% of the total spent on all long-term care services in Missouri.

Heart of America

Main Office
www.alz.org/kansascity
3846 West 75th Street
Prairie Village, KS 66208
800.272.3900
913.831.1916 fax

Missouri has been a leader in making home and community-based services more widely accessible to people who are aged and those with disabilities, and was one of the first states to gain approval from the Centers for Medicare and Medicaid Services on our Money Follows the Person program in 2007.

Satellite Office

6420 Prospect, T 301A
Kansas City, MO 64132
816.361.6604 * 800.272.3900
816-361-6627 fax

For individuals in Missouri with Alzheimer's and their families, home and community-based services are critically important. In 2010, the Alzheimer's State Plan Task Force convened community forums attended by hundreds of people that passionately shared their stories and their ideas to better address the growing Alzheimer's crisis. A key message that resonated across the state was the desire of families to keep their loved ones at home and the need for supportive services.

Northwest MO Regional Office

10th and Faraon
St. Joseph, MO 64501
816.364.4467 * 800.272.3900
816.364.2553 fax

Your proposal holds much promise for continuing the State's efforts toward rebalancing the long-term care system of services and supports. By implementing a "no wrong door" approach the Department will seek to both increase the use of community-based services as well as consumer and family satisfaction across all populations served by the long-term care system of supports.

On behalf of Missouri Coalition of Alzheimer's Association Chapters, I look forward to working with you to achieve the goals of this project.

Sincerely,

/s/

Carroll Rodriguez

COO, Alzheimer's Association St. Louis Chapter

Public Policy Director, Missouri Coalition of Alzheimer's Association Chapters



NORTHWEST MISSOURI AREA AGENCY ON AGING

PO Box 265 Albany, Missouri 64402

Phone: 660-726-3800 ~ Fax: 660-726-4113

Website: www.nwmoaaa.org ~ email: nwmoaaa@nwmoaaa.org

Helping People by Lighting the Way

Brian Kinkade, Interim Director
Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Mo 65102-1527

Dear Brian:

I am pleased to support the state's proposal to the Centers for Medicare and Medicaid Services for the Balancing Incentives Program. The goal to increase the level of funding available for home and community-based services to exceed 50% of the total spent on all long-term care services in Missouri is greatly needed. Missouri has been a national leader in making home and community-based services more widely accessible to people who are aged and those with disabilities, and was one of the first states to gain approval from the Centers for Medicare and Medicaid Services on our Money Follows the Person program in 2007.

Your proposal holds much promise for continuing the State's efforts to rebalancing the long-term care system of services and supports. By implementing a "no wrong door" approach the Department will not only increase the use of community based services but will increase consumer and family satisfaction across all populations served by the long term care system of supports.

On behalf of Missouri's Aging and Disability Center I look forward to working with you to achieve the goals of this project.

Sincerely,

Rebecca J. Flaherty, Executive Director

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Livingston, Mercer, Nodaway, Putnam, Sullivan and Worth Counties in Northwest Missouri



AARP Missouri
9200 Ward Parkway
Suite 350
Kansas City, MO 64114

T 1-866-389-5627
F 816-561-3107
www.aarp.org/mo

3/12/12

Brian Kinkade, Interim Director
Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Mo 65102-1527

Dear Brian:

I am pleased to support the state's proposal to the Centers for Medicare and Medicaid Services for the Balancing Incentives Program and the goal to increase the level of funding available for home and community-based services to exceed 50% of the total spent on all long-term care services in Missouri. Missouri has been a national leader in making home and community-based services more widely accessible to people who are aged and those with disabilities, and was one of the first states to gain approval from the Centers for Medicare and Medicaid Services on our Money Follows the Person program in 2007.

Your proposal holds much promise for continuing the State's efforts to rebalancing the long-term care system of services and supports. By implementing a "no wrong door" approach the Department will not only increase the use of community based services but will increase consumer and family satisfaction across all populations served by the long term care system of supports.

On behalf of AARP, I look forward to working with you to achieve the goals of this project.

Sincerely

/s/

Craig Eichelman
State Director
AARP Missouri



Missouri Developmental Disabilities Council
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Stephanie Briscoe, Chairperson *Steven J. Mason, Executive Director*

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Jeremiah "Jay" Nixon,
Governor

March 26, 2012

Brian Kinkade, Interim Director
Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Mo 65102-1527

Dear Brian:

I am pleased to support Missouri's proposal to the Centers for Medicare and Medicaid Services for the Balancing Incentives Program and the goal to increase the level of funding available for home and community-based services to exceed 50% of the total spent on all long-term care services in Missouri. Missouri has been a national leader in making home and community-based services more widely accessible to people who are aged and those with disabilities, and was one of the first states to gain approval from the Centers for Medicare and Medicaid Services on our Money Follows the Person program in 2007.

Your proposal holds much promise for continuing the State's efforts to rebalancing the long-term care system of services and supports. By implementing a "no wrong door" approach the Department will not only increase the use of community based services but will increase consumer and family satisfaction across all populations served by the long term care system of supports.

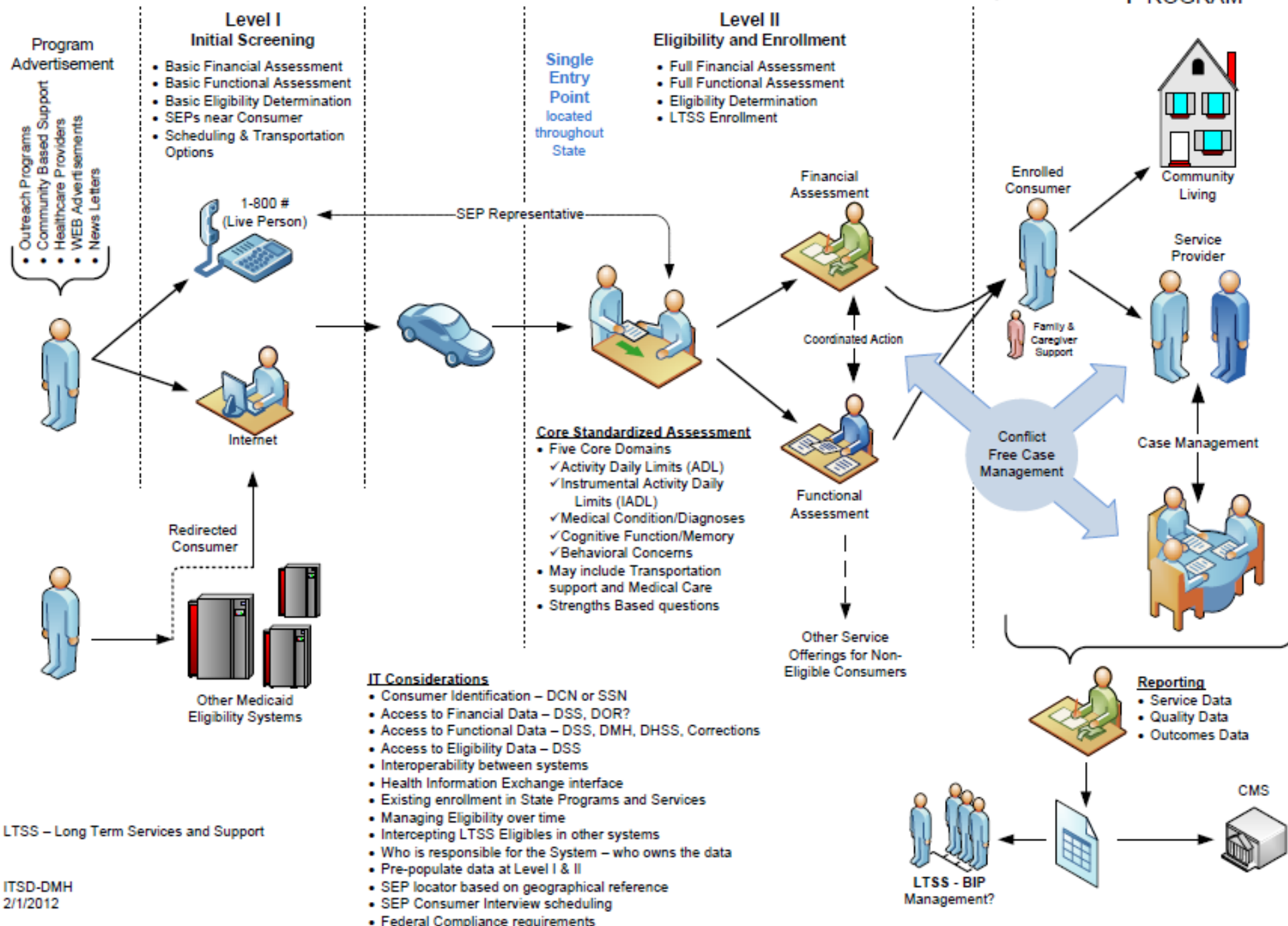
On behalf of the Missouri Developmental Disabilities Council, I look forward to working with you to achieve the goals of this project.

Stephanie Briscoe
/s/
Chairperson

THE MISSOURI BALANCING INCENTIVE PAYMENT PROGRAM

Appendix B – Model BIP “Person Flow” Diagram

Missouri has examined the intake processes for each Home and Community Based Services program, identifying strengths, challenges, and compliance with BIP. A model BIP ‘person flow’ diagram has been developed for comparison purposes.



LTSS – Long Term Services and Support

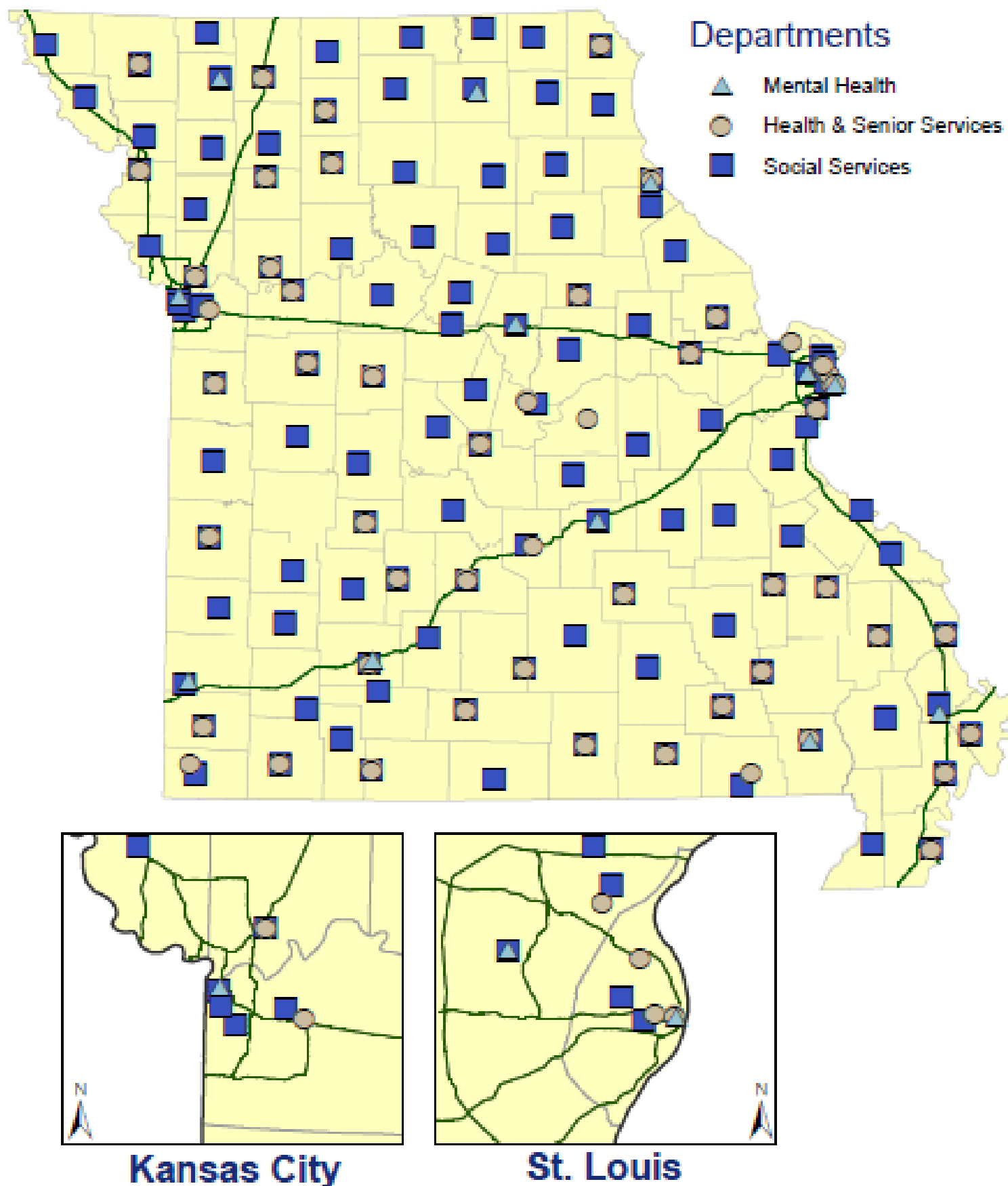
THE MISSOURI BALANCING INCENTIVE PAYMENT PROGRAM

Appendix C – SEP Agencies

Missouri believes that it already has the single entry point agencies identified across the state. The following is a map with the locations of the various SEP agencies and their locations across the state.

THE MISSOURI BALANCING INCENTIVE PAYMENT PROGRAM

Appendix C: SEP Locations



Source: Department of Mental Health, Department of Health and Senior Services, Department of Social Services
Map by MER/C

THE MISSOURI BALANCING INCENTIVE PAYMENT PROGRAM

Appendix D – Applicant Funding Estimates

The “Balancing Incentive Payments Program Applicant Funding Estimates” form for Missouri is included with this appendix.

These estimates were developed by reviewing category of service and procedure codes for claims paid in SFY 2009, and aligning them with the State’s SFY12 budget to be able to further project expenditures for the outlining years through 2015

**DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
BALANCING INCENTIVE PAYMENTS PROGRAM (Balancing Incentive Program) APPLICANT FUNDING ESTIMATES
LONG TERM SERVICES AND SUPPORTS**

State	Missouri				State FMAP Rate (FFY 2013)		61.37%	
Agency Name	Department of Social Services				Extra Balancing Incentive Program Portion (2 or 5%)		2.00%	
Quarter Ended								
Year of Service (1-4)	FFY 2012 - 2015							
					Projected LTSS Spending			
	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	Year 1 (Start July 1)	Year 2	Year 3	Year 4
LTSS	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Personal Care (Adults and Children)								
Total	1,559,727,252	957,204,615	602,522,637	31,194,545	112,005,792	454,743,517	482,028,128	510,949,815
Aged and Disabled Waiver								
Total	393,604,318	241,554,970	152,049,348	7,872,086	28,265,175	114,756,610	121,642,007	128,940,527
Private Duty Nursing for Children								
Total	164,898,663	101,198,309	63,700,354	3,297,973	11,841,564	48,076,737	50,961,341	54,019,021
Adult Day Health Care								
Total	74,412,626	45,667,028	28,745,597	1,488,253	5,343,655	21,695,241	22,996,956	24,376,773
Medically Fragile Adult Waiver								
Total	36,914,656	22,654,524	14,260,132	738,293	2,650,884	10,762,587	11,408,342	12,092,843
AIDS Waiver								
Total	5,996,829	3,680,254	2,316,575	119,937	430,639	1,748,395	1,853,299	1,964,497
Independent Living Waiver								
Total	7,561,032	4,640,206	2,920,827	151,221	542,966	2,204,443	2,336,710	2,476,913
Community Support Waiver								
Total	52,477,631	32,205,522	20,272,109	1,049,553	3,926,908	15,707,633	16,178,862	16,664,228

					Projected LTSS Spending			
LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	Year 1 (Start July 1)	Year 2	Year 3	Year 4
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
MO Children with Developmental Disabilities Waiver								
Total	6,529,291	4,007,026	2,522,265	130,586	488,588	1,954,351	2,012,982	2,073,371
Autism Waiver								
Total	3,951,192	2,424,847	1,526,346	79,024	295,668	1,182,673	1,218,153	1,254,698
Partnership for Hope Waiver								
Total	26,082,370	16,006,750	10,075,619	521,647	1,951,747	7,806,989	8,041,199	8,282,435
Comprehensive Waiver								
Total	1,600,099,596	981,981,122	618,118,474	32,001,992	119,735,670	478,942,679	493,310,959	508,110,288
Home Health								
Total	27,447,635	16,844,613	10,603,021	548,953	1,883,457	7,722,729	8,496,391	9,345,058
Rehabilitation Services								
Total	1,082,543	664,356	418,186	21,651	83,273	333,090	333,090	333,090
PACE								
Total	26,047,164	15,985,145	10,062,019	520,943	2,003,628	8,014,512	8,014,512	8,014,512
Comprehensive Community Support								
Total	130,000,000	79,781,000	50,219,000	2,600,000	10,000,000	40,000,000	40,000,000	40,000,000
Community Psychiatric Rehabilitation Services								
Total	792,954,340	486,636,078	306,318,261	15,859,087	59,336,881	237,347,523	244,467,949	251,801,987
Comprehensive Substance Treatment and Rehabilitation Services								
Total	134,579,280	82,591,304	51,987,976	2,691,586	10,070,586	40,282,343	41,490,813	42,735,538
Grand Total	5,044,366,417	3,095,727,670	1,948,638,747	100,887,328	370,857,081	1,493,282,053	1,556,791,692	1,623,435,592